

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): TELEPHONE NO. (<i>Optional</i>): FAX NO. (<i>Optional</i>): E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
OPPOSITION TO APPLICATION FOR ORDER FOR PSYCHOTROPIC MEDICATION—JUVENILE	
CASE NUMBER:	

1. I, _____, oppose the application because:

2. I am ☐ a party.
☐ an attorney for
☐ other (*specify*):

(This form must be returned immediately to the court
within 2 court days of notice of the *Application for Order*.)